

<p>IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in [765 ILCS 86]. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. Submission of false information may subject the affiant to prosecution under applicable perjury statutes. This form has been approved by the Agency Forms Coordinator.</p>	<p>LAND SALES ANNUAL ENCUMBRANCE REPORT --- B</p>
<p>STATE OF ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION Division of Professional Regulation 320 West Washington Street Springfield, IL 62786</p>	

SUBDIVIDER:	REGISTRATION NUMBER:
1. CURRENT ENCUMBRANCE BALANCE:	2. NAME AND ADDRESS OF SECURED CREDITOR:
3. TYPE OF ENCUMBRANCE:	
4. DATE OF ENCUMBRANCE:	5. DATE OF AMENDMENTS:
6. IF ANSWER IS "NO" TO THE FOLLOWING, PROVIDE DETAILS ON SEPARATE SHEET. Are interest payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. IF ANSWER IS "NO" TO THE FOLLOWING, PROVIDE DETAILS ON SEPARATE SHEET. Are principal payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. EXPLAIN ANY CHANGES IN FINANCING:	

AFFIDAVIT

The following signatory does swear the information contained in this report is true and correct and constitutes a complete statement of matter to which it relates.

Signature: _____

Please type name and title: _____

State of _____

County _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY
SEAL

Commission Expires: _____

(Notary Public Signature)

**SUBMISSION OF A FALSE AFFIDAVIT MAY SUBJECT THE AFFIANT
TO PROSECUTION UNDER APPLICABLE PERJURY STATUTES**